



**Licensure Bureau**  
**CERTIFICATE OF NEED PROGRAM MONTHLY REPORT**  
**June 2007**

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI RECEIVED	MTH	CR	APP DUE	APP RCVD	HEARING REQ/ DATE	DPHHS DECISION DEADLINE	DPHHS DECISION & DATE	REC REQ
First Home Health Care	Bozeman	Establish home health service in Gallatin County	None reported	5/4/07	5/07	No	9/10/07					
<b>Glendive Medical Center</b>	Glendive	Relocate 16 licensed beds of GMC Extended Care Nursing Home	\$2,036,400.00	6/28/07	7/07							

**LEGEND:**

ASC Ambulatory Surgical Center  
CDU Chemical Dependency Unit  
CO County  
CR Comparative Review  
DEC Decision  
DISMISS Appeal dismissed  
FAC Facility  
HHA Home Health Agency

H Hospital  
HIS Indian Health Service  
LOI Letter of Intent  
LTC Long-Term Care  
MTH Month of Notice  
NH Nursing Home  
NR Non-Reviewable Project  
N/A Not Applicable

REC REQ-Reconsideration Hearing of Decision  
REQ Request  
SNF Skilled Nursing Facility  
TBA To Be Announced  
TBI Traumatic Brain Injury  
10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)  
N Disapproval    Y Approval or Yes  
DATES Month/Day/Year

\* First-year operating cost HHA

Name of facility in **BOLD** indicates a new request for report month